SOFTWARE-ONLY / USD 6,900

Dental Practice Management

A treatment-planning portfolio for tooth-level continuity, consented media and accountable chair workflows.

This professional edition organises the permanent and primary FDI record around observed, planned and performed states. It gives dental teams a connected route from a staged estimate to a reviewed session, dated clinical media, sterilisation evidence, lab coordination and recall. Qualified dental clinicians approve clinical records, procedures and imagery; the system does not make automated clinical decisions.



FDI / TREATMENT THREAD

18	16	11	21
26	36	41	46

Identifiers organise the record; they are not an anatomical or diagnostic display.

TREATMENT STAGES
Plan, estimate, approval, session and review kept in sequence.

CONSENTED MEDIA
Dated capture linked to purpose, access and retention controls.

TRACEABLE HANDOVERS
Instrument evidence and prosthetic lab status follow the case.

PRACTICE MANAGEMENT / ENGLISH + ARABIC RTL OPTIONS / MULTI-BRANCH READY BY CONTRACTED SCOPE

A longitudinal FDI record, not a loose gallery

Permanent and primary identifiers give the practice a consistent way to locate a tooth-level record while preserving the distinction between observation, plan and completed care.

SCHEMATIC FDI IDENTIFIER MAP

A data-key arrangement only. It does not represent anatomy, diagnosis or treatment recommendation.

PERM.	18	17	16	15	14	13	12	11
PERM.	21	22	23	24	25	26	27	28
PRIMARY	55	54	53	52	51	61	62	63
PRIMARY	65	75	74	73	72	71	81	85

Observed

A clinician-recorded status or note can be attached to the selected tooth identifier without turning an observation into a treatment commitment.

Planned

Stages, procedures, session sequence and estimate references make intended work navigable before a patient approval is recorded.

Performed

A completed session carries the actual entry, linked evidence and qualified dental clinician review; corrections remain reasoned and audited.

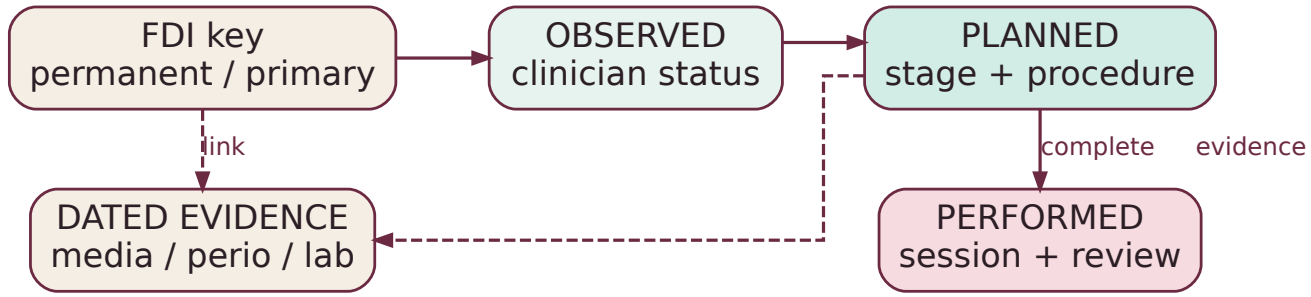


Diagram 1 — A tooth identifier can link status, evidence and a longitudinal treatment thread. Arrows show record progression, not automated clinical judgment.

Clinical accountability remains explicit

The record can organise work, attachments and history, but qualified dental clinicians approve the clinical record and procedure. No automated clinical decision or silent overwrite of the original record is implied.

From staged proposal to session evidence

Treatment planning joins the clinical plan, estimate version and patient approval to a sequence of chair sessions that can be reviewed as the case develops.

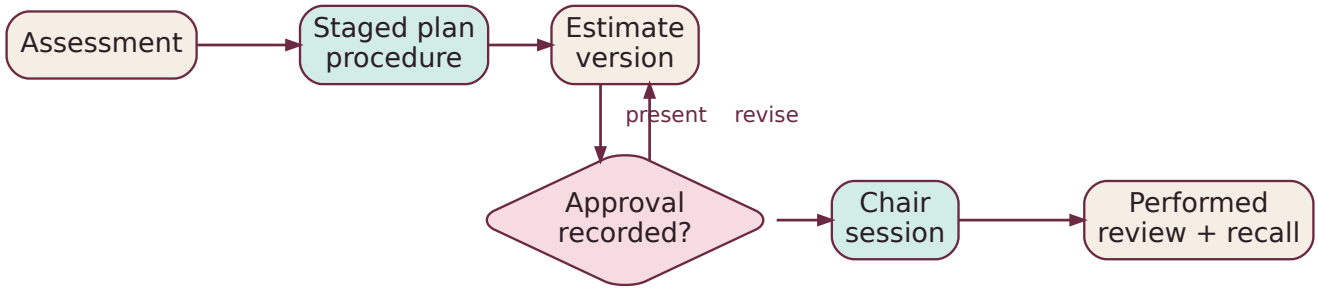


Diagram 2 — The treatment pathway makes the approval gate visible: an estimate can be revised before sessions are committed; performed status is entered only after documented care.

1 Assessment and scope — OBSERVED

Choose the FDI record, clinician notes and linked media. Procedures can include fillings, endodontics, crowns, bridges or implants when selected by the clinician.

2 Treatment stage — PLANNED

Group related work into a stage with sequence, intended chair time and clinician responsibility. A stage is an operational proposal.

3 Estimate and approval — CONTROL

Keep an estimate version, presentation date and approval record so a revision remains distinct from the earlier estimate.

Estimate control

The estimate is a financial planning record tied to its treatment stage, not a promise of patient savings, outcome or automatic charge. Authorised finance access can remain separate from clinical access.

Session output + amendment trail

Record chair, clinician, time, stage, performed entry, linked image or lab reference and next review. A correction carries a reason and audit trail rather than replacing earlier information without trace.

Approval is a workflow control, not a clinical shortcut

The system can record review and approval of an estimate or plan. It does not approve clinical work autonomously or replace professional consent and clinical judgment.

Schedule the chair, clinician and patient together

A treatment-stage ribbon is only useful when the practice can see the chair, responsible clinician, patient communication and consent state in one operational view.



Operational schedule structure — a configuration pattern showing chair capacity, clinician duty and stage context together.

Reception

Selects patient, reason, chair and requested time; manages arrival and reschedule without needing full clinical-record access.

Clinician

Reviews clinical context and consented media, approves the procedure entry and records the performed outcome.

Patient controls

Stores purpose, consent, access and retention references with dated media; a reminder does not change a plan automatically.

Stage-aware booking

Planned-stage context supports capacity adjustment.

Role-separated view

Manager, reception, clinician and accountant work from permitted views.

Reminder output

Configured alerts support appointment and recall follow-up.

Consent and access are separate controls

A scheduled appointment is not itself consent for clinical images or media. The patient media workflow records purpose and controls before a dated capture is connected to the dental record.

Camera capture with a consented, dated record

An intraoral camera, sensor, 3D scan or panoramic/CBCT source becomes useful only when its actual vendor route and the practice's media controls are validated.

CAMERA + CAPTURE

A connected-media record can retain the patient link, capture date, purpose, consent reference, source route and review reference. It is not a blanket recording or surveillance function.

USB is a physical connection, not proof that a camera or sensor can exchange useful data with the software.

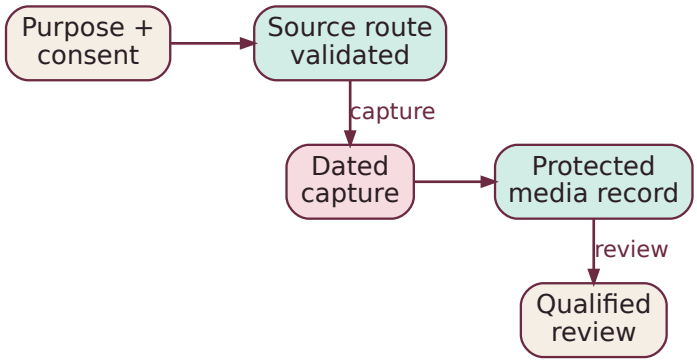


Diagram 3 — Consent and purpose precede capture; protected storage precedes qualified review. The flow documents media handling rather than generating a diagnosis.

SDK route

Where a device vendor exposes an approved SDK or software route, scope defines what is captured, mapped and retained.

Export route

A dated export can be assessed for patient matching, metadata, format and attachment controls before it is accepted into the workflow.

DICOM route

DICOM may be a validated imaging exchange route. Actual model, vendor software and conformance details must be tested; DICOM alone does not guarantee interoperability.

Scoped integration option

New camera, sensor, 3D scan, panoramic/CBCT, SDK, DICOM or export integrations are optional, separately scoped and priced. They require vendor interface rights plus privacy, retention and access controls; no universal hardware support is claimed.

History that supports a planned follow-up

Periodontal information can be kept as a dated part of the dental history so that a qualified clinician can compare documented records and decide the next review.

LONGITUDINAL REVIEW STRIP

HISTORY → ASSESSMENT → FOLLOW-UP → RECALL

A selected tooth or area can carry a dated periodontal record, including pockets where required, clinician notes, attachments and a next-follow-up instruction. Earlier entries remain part of the history when a correction is made.

Fields with clinical context

Record the relevant visit, selected FDI address or area, periodontal measurement where required, note, clinician, date and linked plan/ reference.

Follow-up is an accountable handover

The clinician’s documented instruction can become a review or recall task. Reception can work from an authorised follow-up list while sensitive clinical detail remains limited by role.

Recall coordination

A periodic recall list can be filtered by due date, clinician, treatment stage or branch. A reminder is an operational prompt, not evidence that clinical care has happened.

Reasoned correction

The original entry is protected. A correction should carry a reason and audit reference so the longitudinal history does not become a silent rewrite.

No automatic interpretation

Measurements, images and clinical notes are presented to qualified dental clinicians for review. The system does not infer a diagnosis, approve a procedure or release a clinical decision automatically.

Evidence follows instruments and external lab cases

The practice can connect a treatment record to the operational evidence around instruments, sterilisation cycles and external dental lab orders without confusing a status update with clinical approval.

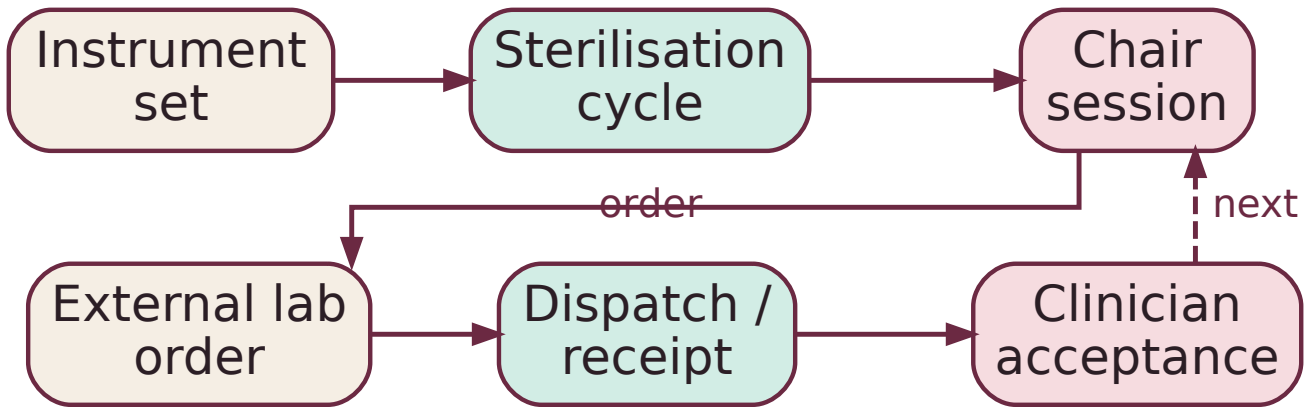


Diagram 4 — Instrument-cycle evidence and an external prosthetic lab order join the treatment thread through references and handover statuses. The dashed arrow signals the next documented treatment stage, not an automatic completion.

Sterilisation cycle evidence

Maintain instrument label or set reference, sterilisation cycle reference, date/time, operator or review reference, and release status as an auditable operational record.

External dental lab order

Track a prosthetic request with its case reference, required item, stage, dispatch/receipt status, due-date context and the responsible handover role.

Chair-side reference

A planned or performed session can point to the relevant instrument-cycle evidence. The association supports traceability; it does not itself verify a clinical or sterilisation outcome.

Receipt and acceptance

Receipt from an external laboratory is a status event. A qualified dental clinician determines whether a received prosthetic item is accepted into the patient’s treatment record.

External workflow, controlled boundary

External laboratories, instruments and their labels are independent resources. Any device, label, laboratory or service integration is subject to separately agreed scope, actual interface validation and appropriate access/retention controls.

A secure route from chair-side source to authorised view

Dental records often cross the local practice network, a protected application route and configured mobile or branch access. The architecture must make those boundaries visible.

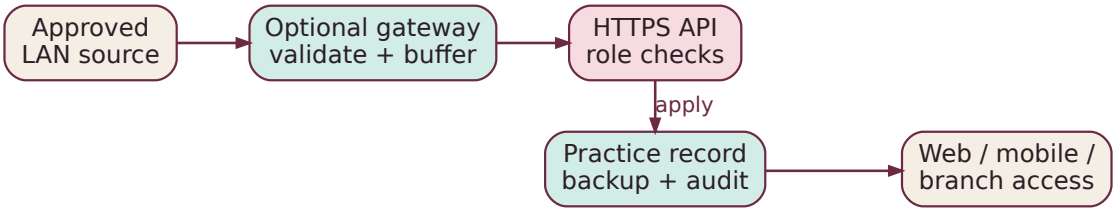


Diagram 5 — A configured source may pass through an optional local gateway before HTTPS API exchange and role-limited application access. The gateway is not assumed for every device or every offline condition.

LAN at the practice

Chair devices and approved vendor software can be assessed on the practice LAN. The actual source model, firmware, rights and export route are tested before purchase or connection.

HTTPS and secure API

Remote or branch access can use HTTPS and a secure API with role checks, protected audits and MFA for sensitive users where configured in the contracted scope.

Configured mobile workflow

Web dashboard and mobile access can be provided according to contracted scope. A mobile view is limited to the roles, records and actions agreed for it.

Resilience is designed, then tested

Where a supported local route is configured, a gateway can validate, store, deduplicate and buffer queued events for later synchronisation. This is not a promise that every chair, camera or device operates offline. Encrypted backup/restore testing, fault monitoring and retention controls support operational resilience.

Data isolation by organisation

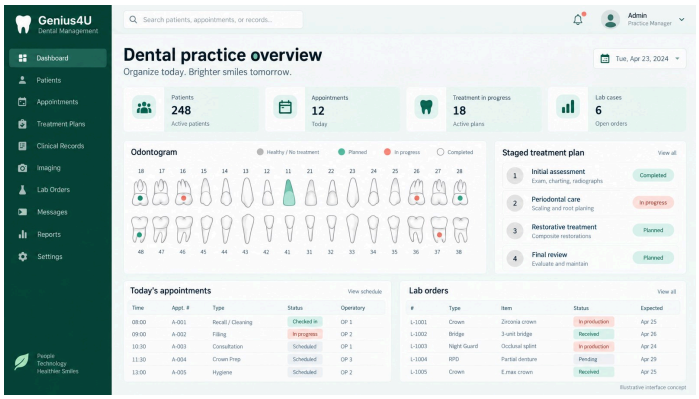
Multiple companies or branches can be structured with role-separated accounts and protected record access under the contracted architecture.

Approved modalities only

Camera/sensor, 3D scan, panoramic/CBCT, DICOM/export, web/mobile and device-adapter routes must be validated against the actual vendor interface. No named protocol is a certification, and no universal device support is claimed.

Recall, reporting and finance records with a trace

The practice needs more than a completed procedure list: it needs due recalls, accountable corrections, management outputs and role-appropriate financial records that can be checked back to their source.



Program interface design

Recall worklist

Filter due work by date, clinician, branch, chair context or treatment stage. A follow-up prompt is visibly different from a completed appointment or performed treatment record.

PDF / Excel outputs

Configured reports can present operational and financial records for authorised roles, with filters that identify the period, branch or responsible clinician used.

Finance view

An accountant can review approved estimates, authorised charges or payment entries and adjustments as transaction records, without a need for unrestricted clinical-record access.

Audit-friendly correction

Original treatment, estimate, media and transaction records are not silently overwritten. A correction is reasoned and remains visible in the transaction audit.

Role-led outputs

Practice manager, clinician, reception and accountant can work from different dashboards or exports according to their permitted functions and the agreed scope.

Reports inform; they do not fabricate results

This portfolio uses no measured ROI, clinical outcome, customer-count or installation claim. Reports organise the practice’s own authorised records and retain the filter context needed to interpret them.

Why the professional edition is USD 6,900

The price is for software-only dental practice management, centred on the engineering required to keep a treatment story coherent as it moves across tooth records, sessions, images, instruments and external handovers.

USD 6,900

SOFTWARE-ONLY PRICE

It is not a charge for cameras, scanners, dongles, hardware, third-party services or a guaranteed clinical or financial result.

The value is in controlled continuity

A dental system must preserve a trace across an FDI address, status, treatment stage, estimate approval, session evidence, consented image, periodontal history, sterilisation reference, lab handover and recall. Engineering these linked records, permissions, audit trails, outputs, backups and integration boundaries is qualitatively different from storing a flat appointment list or an image folder.

Longitudinal data integrity

The product must hold a record thread without collapsing observed, planned and performed states. This protects the meaning of an amendment, a revision and a completed session.

Imaging boundary engineering

Camera, sensor, 3D scan and DICOM/ export routes are not assumed. A credible implementation validates the actual source, vendor interface, mapping, access and retention rules.

Operational resilience

Role boundaries, protected audits, encrypted backup/restore tests, reporting outputs and considered reconnection paths are practice infrastructure, not decorative modules.

Cross-team handovers

Chair, clinician, reception, accountant, sterilisation and external lab workflows need explicit state, responsible role and evidence references so the portfolio is reviewable.

Buyer evaluation prompts

Ask to trace one tooth record from observation through plan, estimate approval, chair session and recall. Ask how a corrected entry remains visible. Test a proposed device route using the actual vendor software or export. Where buffering is proposed, test interruption and later synchronisation with the configured equipment. These checks evaluate record integrity and integration readiness without assuming universal hardware support.

A controlled software purchase and integration boundary

The professional edition is positioned for an accountable practice workflow. Commercial terms and technical routes remain explicit so a buyer can distinguish the software product from independent hardware and scoped services.

COMMERCIAL TERMS

USD 6,900, software-only. Genius4U does not sell or supply any hardware or licensing dongles. A compatible **PHYSICAL licensing dongle is required, NOT a software activation key**; the customer or reseller secures it independently. Optional modules, customisation, installation, device or service integrations have separately agreed scope and price. Licence duration, installations, support and tax are confirmed in written agreement. Third-party camera, VMS, PACS or video-service fees are not included by implication.

SALES + PAYMENT VIA WHATSAPP ONLY

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No checkout or card-information forms. Agents worldwide are welcome with written terms; no automatic exclusivity.

Technical references

DICOM is a standard for communication and management of medical imaging information and related data; its official introduction includes dentistry and says DICOM alone does not guarantee interoperability. This guide therefore treats DICOM as a potential validated route, not a universal claim.

LINKED SOURCES

[1] DICOM Standard — Current Edition, NEMA / MITA

[2] DICOM PS3.1 — Introduction and Overview, NEMA

Approved functional scope: Genius4U owner requirements for Dental Practice Management. The source permits SDK, vendor software, DICOM or export routes only after actual interface validation.

Ready for written scope

Confirm roles, branch access, interface route, optional integrations, privacy/retention controls and acceptance testing before a device or service connection is committed.

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